

097831419

FIGURE

DEPENDENT CLAIM
CALCULATION SHEET
(TO BE FILLED WITH FORM PTO 101)

APPLICANT:

NO.	CLAIM	AFTER AMENDMENT		NO.	CLAIM	AFTER AMENDMENT		NO.	CLAIM	AFTER AMENDMENT	
		IND.	DEP.			IND.	DEP.			IND.	DEP.
1				51				91			
2	1			52				92			
3	2			53				93			
4	2			54				94			
5	(1)			55				95			
6	(1)			56				96			
7	(1)			57				97			
8	(1)			58				98			
9	(1)			59				99			
10	(1)			60				100			
11	(1)			61							
12	(1)			62							
13				63							
14				64							
15				65							
16				66							
17				67							
18				68							
19				69							
20				70							
21				71							
22				72							
23				73							
24				74							
25				75							
26				76							
27				77							
28				78							
29				79							
30				80							
31				81							
32				82							
33				83							
34				84							
35				85							
36				86							
37				87							
38				88							
39				89							
40				90							
41				91							
42				92							
43				93							
44				94							
45				95							